

## PART B - FEE(S) TRANSMITTAL

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Mail Stop ISSUE FEE  
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46670 7590 06/27/2005

TOWNSEND AND TOWNSEND AND CREW/22395  
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09/30/2005 WABDEL3 00000067 201430 10071117

01 FC:1501 1400.00 DA

02 FC:1504 300.00 DA

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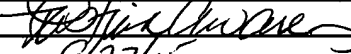
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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Kristina Alvarez

(Depositor's name)



(Signature)

9/27/05

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/071,117      | 02/07/2002  | Steven P. Nowak      | 022395-440810US     | 2747             |

TITLE OF INVENTION: ENHANCED PDE SELECTION

| APPLN. TYPE      | SMALL ENTITY | ISSUE FEE               | PUBLICATION FEE | TOTAL FEE(S) DUE         | DATE DUE   |
|------------------|--------------|-------------------------|-----------------|--------------------------|------------|
| nonprovisional   | YES          | <del>\$700</del> \$1400 | \$300           | <del>\$1000</del> \$1700 | 09/27/2005 |
| EXAMINER         | ART UNIT     | CLASS-SUBCLASS          |                 |                          |            |
| VUONG, QUOCHIE B | 2685         | 455-456200              |                 |                          |            |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Townsend and Townsend  
and Crew LLP
2. \_\_\_\_\_
3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Openwave Systems Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Redwood City, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

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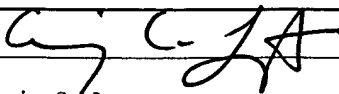
- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-1430 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



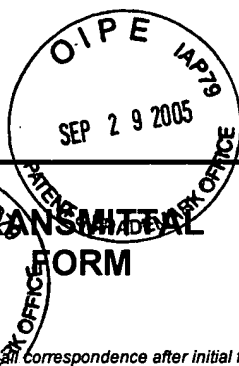
Date

9/27/05

Typed or printed name Craig C. LargentRegistration No. 56,400

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTO/SB/21 (09-04)

|   |                        |                   |
|---|------------------------|-------------------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) | Application Number     | 10/071,117        |
|   | Filing Date            | February 7, 2002  |
|   | First Named Inventor   | Nowak, Steven P.  |
|   | Art Unit               | 2685              |
|   | Examiner Name          | Quochien B. Vuong |
|   | Attorney Docket Number | 022395-440810US   |
| Total Number of Pages in This Submission  |                        |                   |

| ENCLOSURES (Check all that apply)   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> After Allowance Communication to TC   |
| <input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)  | <input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)   |
| <input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement   | <input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD          | <input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Issue Fee Transmittal - Part B.<br>Return Postcard. |
| <input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.  |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                    |          |        |
|--|------------------------------------|----------|--------|
| Firm Name                                  | Townsend and Townsend and Crew LLP |          |        |
| Signature                                  |                                    |          |        |
| Printed name                               | Craig C. Largent                   |          |        |
| Date                                       | 9/27/05                            | Reg. No. | 56,400 |

| CERTIFICATE OF TRANSMISSION/MAILING   |                  |      |         |
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| Signature   |                  |      |         |
| Typed or printed name   | Kristina Alvarez | Date | 9/27/05 |